^	artifica	to of	' Faccimila	Transmission	
_	ei unca	ie or	Lacounte	I I alishussion	Ĺ

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Fax Number: 571-273-8300 No. of Pages: 2

By: Raquel C. West

Date

PATENT CASE NO. 5050/651

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE REISSUE APPLICATION OF:				
PATENTEE:	John W. Eaton et al.)		
PATENT NO.:	5,876,345)		
ISSUE DATE:	March 2, 1999)		
TITLE: ULTRASONIC CATHETER, SYSTEM AND				
METHOD F	OR TWO DIMENSIONAL IMAGING)		
OR THREE-	DIMENSIONAL RECONSTRUCTION)		

SUPPLEMENTAL REISSUE DECLARATION

Commissioner for Patents

Sir:

As one of the below named inventors, I hereby declare that:

- 1. My residence, post office address, and citizenship are as stated below next to my name.
- 2. I believe I am the original, first, and joint inventor of the subject matter which is described and claimed in Patent No. 5,876,345 ('345) granted on March 2, 1999 and in the foregoing specification and previously filed and attached amendments and for which invention I solicit a reissue patent.
 - 3. I hereby state that I have reviewed and understand the contents of the above-

650 694 5740 Siemens Medical 02:36:33 p.m. 11-05-2007 20 /21

identified specification, including the claims, as amended by the accompanying amendments and shown in the attached claim listing.

- 4. I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.
- 5. I believe the original patent to be partly or wholly inoperative or invalid because of error without any deceptive intent on the part of the applicant. Additionally, I believe the patent to be partly inoperative or invalid by reason of my claiming more or less than I had a right to claim in the patent. The excess and insufficiency of the claims is distinctly specified below:
 - A. Claims 1, 7, and 20 have been amended by adding first and second fields of view, further defining the claimed invention. I believe that I claimed more or less than I had a right to claim. Accordingly, the lack of these field of view limitations constitutes an error by claiming a different scope of claim coverage than I had a right to claim.

The errors cited above for claims 1, 7, and 20 arose without any deceptive intention on my part.

B. Added claims 76, 78, and 79 were not originally claimed. Added claims 76, 78 and 79 depend from claim 1 and add subject matter further defining the claimed invention. I believe that I claimed more or less than I had a right to claim. Accordingly, the lack of claims directed to the limitations of these new claims constitutes an error by claiming a different scope of claim coverage than I had a right to claim.

The errors cited above for new claims 76, 78, and 79, including claiming less than I had a right to claim, arose without any deceptive intention on my part.

02:37:09 p.m. Slemens Medical 11-05-2007 21 /21

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: 26th February 2007

650 694 5740

Respectfully submitted.

Citizenship: United States of America

Post Office Address: 1150 Guinda St.

Polette, CA 94301

John A. Hossack

Citizenship: United Kingdom 454

Post Office Address: 617 Davis Avenue

Charlottesville, VA 22901